



CALIFORNIA DEPARTMENT  
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### **Pull-Out Consumer Notice Featured Inside This Issue**

*The California Board  
of Psychology protects  
the health, safety and  
welfare of consumers of  
psychological services.*

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## **Diversity Based Psychology: What Practitioners and Trainers Need to Know**

*Jeanne Manese, Ph.D., University of California, San Diego  
Gloria Saito, Ph.D., University of California, Berkeley  
Emil Rodolfa, Ph.D., University of California, Davis*

Two significant developments influencing the profession's view of multicultural competency were highlighted in 2003. These developments were the American Psychological Association's 2002 Ethical Principles and Code of Conduct that took effect June 1, 2003, and the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists published in May 2003.

It is apparent that the "old rules" in psychology have moved away from a monocultural to a multicultural premise and that these "new rules" recognize both an appreciation of differences as well as an understanding of the inherent ambiguity and complexity in

psychological practice (Pack-Brown & Williams, 2003).

The purpose of this article is to discuss implications of these two documents and describe issues relevant for multicultural competence for

psychology practitioners and trainers. In a thoughtful overview of

the major changes in the 2002 APA Ethics Code, Knapp and VandeCreek (2003) pointed out that the revised Ethics Code conveys greater sensitivity to the needs of cultural and linguistic minorities. Thus, APA's implementation of the 2002 Ethics Code provides a mechanism for enhancing practitioners' multicultural competence.

*(Continued on page 16)*

### **Guest Article**

## **Notice to All Licensed Psychologists Regarding New Law**

On Sept. 20, 2003, Assembly Bill 938 authored by Assembly Member Leland Yee, Ph.D., was signed into law.

For some time now, existing law has required the Office of Statewide Health Planning and Development to establish a nonprofit public benefit corporation known as the Health Professions Education Foundation (HPEF) to perform various duties with respect to implementing health professions scholarship and loan programs.

Assembly Bill 938 establishes the *Licensed Mental Health Service Provider Education Program*. This bill requires the HPEF to develop a prescribed program to provide grants to licensed mental health service providers who provide direct patient care in a publicly funded facility or a mental health professional shortage area.

To fund this effort, AB 938 has added section 2987.2 of the Business and Professions Code,

*(Continued on page 13)*



## Challenges and Opportunities

This *BOP Update* gives me an opportunity to introduce myself and to share some thoughts with you. I am the new president of the Board, a public member, and a practicing attorney. I have a background of eight years of prior Board service on the Board of Pharmacy, which included service as its vice president and president.

I, my colleagues and the agency are committed to our mission of protecting the health, safety and welfare of consumers of psychological services. We continuously evaluate our regulations, and licensing and discipline procedures and policies to maintain the quality and consistency of the agency's service to all our stakeholders.

As you have undoubtedly heard, California is in the midst of an unprecedented budget crisis. This has caused all state agencies, including the Board of Psychology, to make some cuts to their personnel budget line items. However, we hope that these changes will not impair our ability to fulfill our primary mission of protecting the public.

With a leaner budget and reduced staff, our seasoned Executive Director, Tom O'Connor, will help us weather this fiscal storm. Under Tom's leadership, we hope to maintain our level and quality of service with the available staff and look to our current resources, including, but not limited to, our in-house technology to assist us in that effort.

Juxtaposed to our budget crisis, exciting advances in the profession are occurring on many fronts. Some of these advances will present new challenges to the Board and to our mission.

In the months to come, we will make the best of a tough fiscal environment and continue to fulfill our mission, which will include, but not be limited to, continuing our work in clarifying the responsibilities of supervision, and undertaking a project involving human diversity.

As part of our Strategic Plan, one of our objectives is to review the implications to the profession of serving multicultural populations, and a corollary to this would be the broader subject of human diversity and the profession. We don't have to look too far into the recent past to find issues involving multiculturalism impacting our lives.

From the bedroom to the classroom, issues of multiculturalism and human diversity have raised societal questions. The growing diversity of our population has posed a significant challenge to decision-makers on all levels.

From the boardroom to the courtroom, decision-makers have tackled the issues with varying success. The issues involving human diversity have reached the U.S. Supreme Court, resulting in decisions that will reshape university admissions policy, and that have preserved the sanctity and privacy of the home.

However, the debate does not end there. It will continue as our population grows more diverse. In consideration of the importance of human diversity, we believe that exploring it is timely and we can shed some light upon diversity and provide some clarity to the discussion. Within

our budget constraints and with some help from several groups in the profession, we hope to bring some clarity to the debate and create a useful tool for the profession and for decision-makers.

One final note, I am grateful to contributions of former Board members and in particular, my predecessors. I will miss the comments, wisdom and humor of my predecessors, Pamela Harmell, Emil Rodolfa and Marty Greenberg. During their leadership, the consumers of psychological services and the profession were well served. They helped to modernize our regulatory process. I hope to live up to the standard set by them.

— William Lew Tan, J.D.  
President

**As part of our Strategic Plan, one of our objectives is to review the implications to the profession of serving multicultural populations, and a corollary to this would be the broader subject of human diversity and the profession.**



## *Board Member, Staff Take Steps for Community*



Historically, members and staff of the Board of Psychology, in addition to the long hours devoted to board business, have volunteered their time for various community service events. For the past three years, board staff have volunteered time to help with the Sacramento Valley AIDS Walk (SVAW). The 2003 SVAW took place on Sunday, Sept. 14, and was the most successful yet raising nearly a quarter of a million dollars to be distributed to 14 different agencies serving those with HIV/AIDS throughout the Sacramento Valley. This is nearly a 60 percent increase over the funds raised in the 2002 walk. Pictured, from left, are Kathi Burns, Enforcement Coordinator, Jeff Thomas, Assistant Executive Officer and Jacqueline Horn, Ph.D., Vice-President of the Board. The Board's Executive Officer, Tom O'Connor, served as the photographer for the event.

## *New APA Ethics Code*

On Aug. 21, 2002, the Council of Representatives of the American Psychological Association adopted a new Ethics Code.

The new APA Ethics Code became effective on June 1, 2003.

Section 2936 of the California Business and Professions Code requires the Board of Psychology to establish the APA code of ethics as

the accepted standard of care as it applies to all licensing examination development and in all board enforcement policies and disciplinary case evaluations.

Therefore, it is imperative that all California licensed psychologists make efforts to educate themselves on the APA Code as it evolves and changes.

The 2002 Ethics Code is available online in three formats (HTML, PDF, MS Word) at [www.apa.org](http://www.apa.org). Hard copies of the new code are available from the APA Order Department, 750 First Street, NE, Washington DC 20002-4242.

Additionally at the APA Web site, one can access a very helpful comparison of the 1992 and the 2002 Ethics Codes.



## *New Members Appointed to the Board of Psychology*

Congratulations go out to Sylvia Johnson of Los Angeles for her appointment as a public member on the Board of Psychology. Ms. Johnson was appointed by the Senate Rules Committee, chaired by Senator John Burton. The appointment was effective Aug. 28, 2003.

Ms. Johnson is a retired corrections professional having worked in various capacities ranging from Probation Officer with the Los Angeles County Probation Department to Superintendent, California Institution for Women, to Chief Probation Officer for the County of Alameda. Ms. Johnson's extensive career experience as a corrections professional will most certainly be valuable in her role as a public member of the Board of Psychology.

Ms. Johnson replaces Mary Ellen Early who served two full terms on the Board as the Senate Rules Committee appointee.

Congratulations also go out to James McGhee of Oakland, who was appointed by Governor Davis as a public member on the Board of Psychology on Sept. 25, 2003. Mr. McGhee has been the president and CEO of JLM Management Group in Oakland

since 1998. From 1996 to 1999, he was president and CEO of Global Automotive Distributors, Incorporated in Hyattsville, Maryland.

Mr. McGhee was president and CEO of American Automotive Distributors, Inc. from 1989 to 1996; McGhee and Associates from 1989 to 1993; Greater Telecommunications Systems, Inc. from 1985 to 1988; and MEDSCO, Inc. from 1983 to 1985. He is a member of the Oakland Chamber of Commerce, the San Francisco Black Leadership Association, and the Northwest Minority Supplier Development Council. Mr. McGhee earned a Bachelor of Arts degree from the University of Puget Sound.

Mr. McGhee replaces Lisa Kalustian who served as a public member of the Board for more than four years.


And congratulations also go out to Ellen Graff, Ph.D. who was appointed by Governor Davis as a licensed member on the Board of Psychology on Sept. 25, 2003. Dr. Graff has been a clinical psychologist in private practice since 1976.

From 1988 to 1998, she served as a resident faculty member for the

Clinical Psychology Internship Program at Wright Institute in Los Angeles. Dr. Graff was also the director of the Mid-Career Post-Graduate Program at Wright Institute in Los Angeles. She served as clinical supervisor at the Wright Institute Post Graduate Center and taught at Santa Monica College Extension, Beverly Hills High School Adult Education and Mt. San Antonio College.

From 1973 to 1976, Dr. Graff served as chief of counseling services for Kennedy Regional Center at Saint John's Hospital and Health Center. Dr. Graff earned her Bachelor of Arts degree and a Master of Social Welfare degree from the University of California, Los Angeles and a Ph.D. in psychology from the Wright Institute, Los Angeles.

Dr. Graff replaces Pamela Harmell, Ph.D., who served as a licensed member of the Board for more than four years.

As we thank Ms. Early, Ms. Kalustian and Dr. Harmell for their years of hard work on the Board of Psychology, we welcome Ms. Johnson, Mr. McGhee and Dr. Graff to the Board and look forward to working with them in carrying out the Board's mission and mandates. 





### *Board of Psychology 2004 Event Calendar*

<b>Event</b>	<b>Dates</b>	<b>Locations</b>
Strategic Plan Meeting	February 5	San Jose, CA
Board Meeting	February 6-7	San Jose, CA
CPA Division II Annual Meeting	February 28	Manhattan Beach, CA
CPA Convention	March 24-28	San Diego, CA
ASPPB Midwinter Meeting	April 21-24	Montreal, Canada
Board Meeting	May 7-8	Los Angeles, CA
APA Convention	July 28-August 1	Honolulu, Hawaii
Board Meeting	August 13-14	San Diego, CA
ASPPB Annual Meeting	October 18-22	Atlanta, GA
Strategic Plan Meeting	November 18	Sacramento, CA
Board Meeting	November 19-20	Sacramento, CA

### *Important Reminders on Supplemental Training*

- I.** The Board would like to remind all licensees when considering topics for continuing education, the Board is required by section 2914.1 and 2914.2 of the Business and Professions Code to encourage licensees to take a course in geriatric pharmacology and to take courses in psychopharmacology and biological bases of behavior. Additionally, with regard to educational institutions, pursuant to section 2914.3 of the code, the Board encourages institutions that offer a doctorate degree program in psychology to include in their biobehavioral curriculum, education and training in psychopharmacology and related topics including pharmacology and clinical pharmacology.
- II.** Additionally, section 32 of the code states, “The Legislature finds that there is a need to ensure that professionals of the healing arts who have or intend to have significant contact with patients who

have, or are at risk to be exposed to, HIV Disease are provided with training in the form of continuing education regarding the characteristics and methods of assessment and treatment of the condition.”

The Board encourages licensees to consider this finding of the Legislature when selecting courses to comply with continuing education requirements for license renewal.

- III.** The Board also encourages all licensees to be conscientious about maintaining an awareness of and sensitivity to those issues of Human Diversity that may play a significant part in the delivery of mental health services.

There are quality courses available on the topic and although such courses are not mandated by the Board’s continuing education program, the Board strongly recommends that licensees periodically update their knowledge of the broad topic of human diversity in today’s changing society.



# *Psychological Services and the Internet:*

## Information for Consumers, Licensees and Registrants

### **FOR THE CONSUMER:**

The Board of Psychology (BOP) offers the following recommendations to California consumers who choose to seek psychological services over the Internet.

Persons who provide psychological services to California consumers are required by law to be licensed as psychologists in California. Whether the services are being provided in person, on the telephone, on the Internet or in any other method of delivery, the person providing the services must be licensed as a psychologist in this state.

Be a cautious consumer when seeking psychological services over the Internet, or by any other means, by doing the following:

- Verify that the practitioner has a current and valid license to practice psychology in the State of California. You can accomplish this at the Board's Web site ([www.psychboard.ca.gov](http://www.psychboard.ca.gov)) in the "License Verification" section of the site, or by calling the Board's toll-free number (1-888-503-3221).
- Be sure you understand the fee that you will be charged for the services to be rendered and that you fully understand how and to whom the fee is to be paid.
- Be sure you are satisfied with the methods used to ensure your confidentiality.
- Be sure you are aware of the risks and benefits of engaging in psychotherapy over the Internet or by any other means, so you can make an informed choice about the services that you are being provided.
- According to Business and Professions Code Section 2290.5, prior to the delivery of health care via telemedicine, the health care practitioner who has ultimate authority over the care or primary diagnosis of



the patient shall obtain verbal and written informed consent from the patient or the patient's legal representative. The informed consent procedure shall ensure that at least all of the following information is given to the patient or the patient's legal representative verbally and in writing:

- (1) The patient or the patient's legal representative retains the option to withhold or withdraw consent at any time without affecting the right to future care or treatment nor risking the loss or withdrawal of any program benefits to which the patient or the patient's legal representative would otherwise be entitled.
- (2) A description of the potential risks, consequences and benefits of telemedicine.
- (3) All existing confidentiality protections apply.
- (4) All existing laws regarding patient access to medical information and copies of medical records apply.
- (5) Dissemination of any patient identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without the consent of the patient.

### **FOR THE LICENSEE OR REGISTRANT:**

In 1996 California passed legislation, Stats. 1996, c.864 (SB 1665), regarding out-of-state practitioners, consultations, professional education, and telemedicine.

In 1997 language was added, Stats. 1997, c.654, to require that the health care practitioner, prior to delivery of service, obtain verbal and written informed consent and to delineate the procedures. This law also defined "health care practitioner" as having the same meaning as "licentiate" as defined in Business and Professions (B&P) Code Section 805.

The determination has been made that, even though this law is contained in the Medical Practices Act, the Board

*(Continued on page 7)*



## ***Psychological Services and the Internet ... (Continued from page 6)***

of Psychology should treat B&P Code Section 2290.5 as part of its law. Following is the language of section 2290.5 of the Business and Professions Code:

Business and Professions Code Section 2290.5 – Telemedicine; informed consent procedures; written consent statement; compliance; application of section

- (a) (1) For the purposes of this section, “telemedicine” means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. Neither a telephone conversation nor an electronic mail message between a health care practitioner and patient constitutes “telemedicine” for purposes of this section.
- (2) For purposes of this section, “interactive” means an audio, video, or data communication involving a real time (synchronous) or near real time (asynchronous) two-way transfer of medical data and information.
- (b) For the purposes of this section, “health care practitioner” has the same meaning as “licentiate” as defined in paragraph (2) of subdivision (a) of Section 805.
- (c) Prior to the delivery of health care via telemedicine, the health care practitioner who has ultimate authority over the care or primary diagnosis of the patient shall obtain verbal and written informed consent from the patient or the patient’s legal representative. The informed consent procedure shall ensure that at least all of the following information is given to the patient or the patient’s legal representative verbally and in writing:
  - (1) The patient or the patient’s legal representative retains the option to withhold or withdraw consent at any time without affecting the right to future care or treatment nor risking the loss or withdrawal of any program benefits to which the patient or the patient’s legal representative would otherwise be entitled.
  - (2) A description of the potential risks, consequences, and benefits of telemedicine.
  - (3) All existing confidentiality protections apply.
  - (4) All existing laws regarding patient access to medical information and copies of medical records apply.
- (5) Dissemination of any patient identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without the consent of the patient.
- (d) A patient or the patient’s legal representative shall sign a written statement prior to the delivery of health care via telemedicine, indicating that the patient or the patient’s legal representative understands the written information provided pursuant to subdivision (a), and that this information has been discussed with the health care practitioner, or his or her designee.
- (e) The written consent statement signed by the patient or the patient’s legal representative shall become part of the patient’s medical record.
- (f) The failure of a health care practitioner to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.
- (g) All existing laws regarding surrogate decisionmaking shall apply. For purposes of this section, “surrogate decisionmaking” means any decision made in the practice of medicine by a parent or legal representative for a minor or an incapacitated or incompetent individual.
- (h) Except as provided in paragraph (3) of subdivision (c), this section shall not apply when the patient is not directly involved in the telemedicine interaction, for example when one health care practitioner consults with another health care practitioner.
- (i) This section shall not apply in an emergency situation in which a patient is unable to give informed consent and the representative of that patient is not available in a timely manner.
- (j) This section shall not apply to a patient under the jurisdiction of the Department of Corrections or any other correctional facility.
- (k) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law. 



## *Unaccredited California Approved Schools:* A History and Current Status Report

Section 2914(b) of the California Business and Professions Code says someone must have a doctorate degree in psychology from a regionally accredited university before they can get a psychology license.

Section 2914 (g) adds that an applicant holding a doctorate degree in psychology from an unaccredited school that is approved by the California Bureau of Private Postsecondary and Vocational Education (BPPVE) is deemed to meet the educational requirements for licensure if all the following are true: (1) the school was approved by the BPPVE prior to July 1, 1999; (2) the school has not since July 1, 1999, had a new location and; (3) the school is not a franchise institution.

Some of the history of how the California approved school process came about is a bit cloudy. In the 60s, the California State Psychological Association advocated for the approval system for professional schools of psychology to facilitate the upstart California School of Professional Psychology.

In researching the Business and Professions Code, we find that as far back as January 1967, Section 2902 contained the current definition of “approved” and section 2914 contained the current reference to “accredited or approved college or university...” among the degree requirements for licensing.

In an article titled “Understanding the Levels of Approval and

Accreditation of Doctoral Programs in Clinical, Counseling, Educational and School Psychology,” authored by psychologist Doris Penman for the January 2000 BOP Update No. 7, Dr. Penman states,

“California permits degree-granting institutions that are not regionally accredited to operate within the state through a two-tiered system of higher education. The system was developed after WW II to expand vocational education opportunities for returning veterans.

In the intervening years, additional regulations were formulated that included four-year colleges and universities as well as graduate schools that offered doctoral degrees.” Subsequently, “the Legislature passed the Educational Reform Act of 1989 which introduced a reformed system of review and regulation of these schools.

The task of reviewing and approving educational institutions not regionally accredited was given to a newly established Council for Private Postsecondary and Vocational Education (CPPVE). This Council operated under the aegis of the California Postsecondary Education Commission (CPEC) and approved existing unaccredited schools only if they met minimum reformed standards set by the Commission.

The intent of these actions was to improve the integrity of the certificates and degrees granted, and to protect students from misrepresentation and unfair practices by proprietary institutions.”

“In January 1998 when the CPPVE’s term expired under a sunset clause, the school review function was removed from the Education Commission by Governor Wilson and placed under the Department of Consumer Affairs within a newly created Bureau for Private Postsecondary and Vocational Education.”

Schools not regionally accredited may operate legally within the state and grant higher degrees only if they receive state approval. WASC-accredited<sup>1</sup> educational institutions are exempt from this state requirement and are permitted to grant degrees without state review and approval. Institutions from other states operating within California are also subject to state approval and may be granted the authority to operate in California only if already accredited by their own regional accrediting association.”

On Sept. 26, 2000, Governor Davis signed Assembly Bill 400, which was authored by Assemblyman Ted Lempert. The California Psychological Association sponsored this bill and the Board of Psychology supported it. This bill became effective Jan. 1, 2001, and it accomplished the following:

1. Requires applicants for licensure to possess a doctorate degree in psychology, educational psychology, or in education with the field of specialization in counseling psychology or educational psychology. No longer is the board required to determine “equivalency” or “com-

*(Continued on page 9)*





### ***Unaccredited California Approved Schools: ... (Continued from page 8)***

- parability” of degrees that are not in psychology.
2. Requires applicants for licensure to possess the appropriate degree that has been obtained from a regionally accredited university. No longer will the board be required to accept psychology degrees from unaccredited universities except for those psychology degrees that were obtained from a school that was “approved” by the California Bureau for Private Postsecondary and Vocational Education on or before July 1, 1999. Additionally this bill requires that such “approved” schools have not, since July 1, 1999, had a new location and that such schools are not a franchise institution as defined in section 94729.3 of the Education Code.
  3. Requires all “approved” schools meeting the above criteria to provide to each prospective student an “Unaccredited Graduate Psychology School Disclosure Form” that discloses the following:
    - The number of graduates of the school who have taken the written and oral psychology licensing examinations in the preceding four years;
    - The number of graduates of the school who have passed the written and oral psychology licensing examinations in the preceding four years;
    - The number of graduates who have become licensed California psychologists in the preceding four years;

*(Continued on page 10)*

### ***BPPVE CALIFORNIA APPROVED SCHOOLS***

<b>School</b>	<b>Location</b>
American Behavioral Studies Institute	Santa Ana
California Coast University *	Santa Ana
California Graduate Institute	Westwood
California Institute for Human Science	Encinitas
Center for Psychological Studies	Berkeley
Graduate Center for Child Development & Psychotherapy	Los Angeles
Institute of Imaginal Studies	Petaluma
Newport University *	Newport Beach
Ryokan College	Los Angeles
San Diego University for Integrative Studies	San Diego
Southern California University for Professional Studies	Santa Ana
Southern California Psychoanalytic Institute	Beverly Hills
Trinity College of Graduate Studies	Anaheim

\* No longer accepting applications for doctoral degrees.



## ***Unaccredited California Approved Schools: ... (Continued from page 9)***


- A disclosure statement in 14-point boldface type that reads as follows:

**“Prospective students should be aware that as a graduate of an unaccredited school of psychology you may face restrictions that could include difficulty in obtaining a teaching job or appointment at an accredited college or university. It may also be difficult to work as a psychologist for some federal government or other public agencies, or to be appointed to the medical staff of a hospital. Some major managed care organizations, insurance companies, or preferred provider organizations may not reimburse individuals whose degrees are from unaccredited schools. Graduates of unaccredited schools may also face limitations in their abilities to be listed in the National Register of Health Service Providers or to hold memberships in other major organizations of psychologists.”**

Finally, this statute states that if a school fails to comply with any of the above requirements, the BPPVE may revoke the school’s approval to operate or to offer the psychology degree that leads to psychology licensure, or it may impose an administrative or a civil penalty not to exceed \$10,000 per violation. If a student finds that this notice was not provided to him/her by the unaccredited school as required by law, the student should report this failure directly to the BPPVE.

Currently there are 17 unaccredited schools in California that are approved by the BPPVE. It is

important to note that pursuant to AB 400, the number of approved schools cannot increase. The number can only decrease. Please see the table on the preceding page titled “BPPVE CALIFORNIA APPROVED SCHOOLS” for a list of unaccredited California approved schools, current as of the printing of this *BOP Update Newsletter*.

The approval status of any such unaccredited school should always be confirmed by contacting the BPPVE at [www.dca.ca.gov/bppv](http://www.dca.ca.gov/bppv). 

### **NOTE**

<sup>1</sup> Western Association of Schools and Colleges

## ***Supervised Professional Experience***

What activities can be counted as Supervised Professional Experience (SPE)?

SPE is defined in section 1387 of Title 16, California Code of Regulations, as being “an organized program that consists of a planned, structured and administered sequence of professionally supervised comprehensive training experiences.” The regulation states that “SPE shall have a logical training sequence that builds upon the skills and competencies of trainees to prepare them for the independent practice of psychology.”

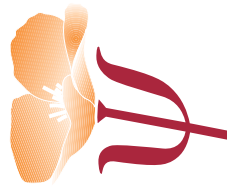
The regulations do not provide the proverbial “laundry list” of activities that can or cannot be counted. However, all supervisors and training program directors need to keep in mind that the purpose of the SPE requirement is to

ensure that those seeking licensure as psychologists are trained and prepared to *independently* perform those functions of a psychologist at or above a level of minimal competence and with safety to the public.

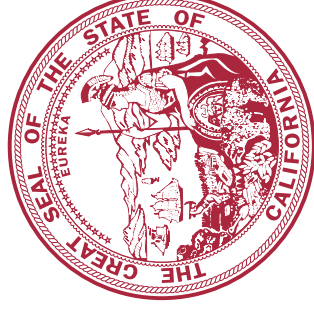
Section 1387 also advises that “SPE shall include activities which address the application of psychological concepts and current and evolving scientific knowledge, principles, and theories to the professional delivery of psychological services to the consumer public.” Therefore, when it comes to the supervisor calculating the number of hours of experience to be verified, the supervisor should be looking at the hours worked and only verify those hours that have contributed to the trainee’s competence to independently provide psychological services to the public.

**NOTICE TO CONSUMERS:** The Department of Consumer Affairs' Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have questions or complaints you may contact the Board on the Internet at [www.psychboard.ca.gov](http://www.psychboard.ca.gov), by calling 1-866-503-3221 or by writing to the following address:

Board of Psychology  
1422 Howe Avenue, Suite 22  
Sacramento CA 95825-3236



**California  
Board of Psychology**



**California Department  
of Consumer Affairs**

**Section 2936 of the California Business  
and Professions Code requires all  
licensees to post this notice in a  
conspicuous location in their principal  
psychological business office.**





## ***Notice to All Licensed Psychologists Regarding New Law ... (Continued from page 1)***

which reads: “In addition to the fees charged (to licensed psychologists) pursuant to section 2987 for the biennial renewal of a license, the board shall collect an additional fee of ten dollars (\$10) at the time of renewal. The board shall transfer this amount to the Controller who shall deposit the funds in the Mental Health Practitioner Education Fund.”

Therefore, for those psychologists who must renew their licenses on or after Jan. 1, 2004, the renewal notices will include this \$10 additional fee mandated by AB 938. This additional fee does not go into the Board’s fund but rather the board must transfer these additional fees to the State Controller for the Mental Health Practitioner Fund. With this additional fee, psychologists will now be paying \$410 to renew their licenses biennially.

The text of AB 938 and analyses of the bill can be accessed at [www.leginfo.ca.gov](http://www.leginfo.ca.gov). Following is the Legislative Counsel’s digest.


### **LEGISLATIVE COUNSEL’S DIGEST**

AB 938, Yee. Mental health professions: educational loan reimbursement: funding. Existing law requires the Office of Statewide Health Planning and Development to establish a nonprofit public benefit corporation known as the Health Professions Education Foundation to perform various duties with respect to implementing health professions scholarship and loan programs.

Existing law provides for the Registered Nurse Education Program within the foundation under which persons who agree in writing prior to graduation to serve in an eligible county health facility, an eligible state-operated health facility, or a health manpower shortage area are eligible for scholarship and loan repayment. Existing law establishes in the State Treasury the Registered Nurse Education Fund and provides for the appropriation of money in the fund annually in the Budget Act for purposes of the Registered Nurse Education Program.

This bill would similarly establish the Licensed Mental Health Service Provider Education Program. The bill would require the foundation to develop the program, as prescribed, to provide grants to licensed mental health service providers, as defined, who provide direct patient care in a publicly funded facility or a mental health professional shortage area, as defined.

Existing law provides for the licensure and regulation of psychologists by the Board of Psychology and marriage and family therapists and licensed clinical social workers by the Board of Behavioral Sciences. Existing law requires these regulatory boards to charge license renewal fees.

This bill would require these boards to charge these licensees, at the time of license renewal, an additional specified assessment fee. It would require the boards to transfer the fee amounts to the Controller for deposit in the Mental Health Practitioner Education Fund established under the bill. Moneys in the fund would be available, upon appropriation by the Legislature, for expenditure by the office for the purposes of the Licensed Mental Health Provider Education Program. 

### ***Consumers Can Call Board Toll-Free***

The Board of Psychology is calling on consumers to dial its new toll-free number if they need to check the status of a psychologist’s license, file a complaint, or obtain copies of disciplinary documents pertaining to Board enforcement actions.

The number, 1-866-503-3221, is staffed Monday through Friday from 8 a.m. to 1 p.m. and 2 to 5 p.m.



## ***BEST PRACTICES:***

### **Supervised Professional Experience (SPE)**

SPE should be conducted pursuant to the best practices and accepted standards that have been developed over time by the American Psychological Association, the Association of Psychology Postdoctoral and Internship Centers (APPIC), and the California Psychology Internship Council (CAPIC). More details follow.

#### **Prior to the Commencement of SPE:**

The following issues should be discussed between the supervisor and the trainee. (A written agreement between supervisor and trainee could include these details and more, as determined by the participants):

1. Specific expectations regarding time commitments
  - The supervised work will begin (date) and will continue through (date)
  - Expected number of hours the trainee is to work per week
  - Number of hours of supervision during that period and on what schedule
2. How client assignments are to be made
3. Expected models or conventions of intervention
4. How reimbursement for services is to occur, including amounts
5. Space and other resources that are to be made available to the trainee
6. Details of arrangements for malpractice insurance
7. Goals of supervised experience
  - Supervisor's
  - Trainee's
8. The format of supervision (e.g., case notes; audio or videotape; live supervision, etc.) and the supervisor's interactional style
9. Expected role of trainee in supervision sessions (e.g., Will the supervisor take a teaching role? Will the supervisor address countertransference, etc.?)

10. Contingency plans in case of emergency
  - How will trainee reach supervisor?
  - Procedures to follow in responding to an emergency
11. Supervisor's preferences regarding record keeping
12. Performance evaluation
  - Frequency
  - Evaluation criteria
  - Format of evaluation

#### **Best Supervision Practices Include:**

1. Clear role induction at the outset
  - Expected roles and behaviors of both supervisor and trainee
2. Maintenance of clear professional boundaries (e.g., does not use the trainee as a confidant or involve the trainee in conflicted dynamics within the setting)
3. Provision of clear feedback, both positive and negative, about the trainee's performance
4. Most supervision theorists believe that some level of conflict is inevitable in supervision as in any relationship. Therefore, the supervisor should:
  - Discuss conflict when it occurs
  - Take responsibility for his/her role in the conflict that arises
  - Seek consultation if the conflict reaches an impasse (because supervision is a hierarchical relationship, the ultimate responsibility for this resides with the supervisor)
5. Respect for human diversity and individual differences that may exist between the supervisor and trainee. The supervisor makes it clear to the trainee that discussions of such differences are safe and appropriate.

*(Continued on page 15)*



## ***Supervised Professional Experience ...***

*(Continued from page 14)*

### **Quality Supervision is NOT:**

1. Placing the delivery of services above the trainee's professional needs
2. The supervisor using supervisory sessions as an opportunity to talk primarily about his or her own cases or him/herself

### **Trainees Should Always Remember:**

The supervisor may be liable for any of the trainee's actions during the supervised experience. Therefore, it is the trainee's responsibility to keep the supervisor as fully informed as possible about the trainee's work with clients and about their clients' responses.

If the trainee is experiencing discomfort about any aspect of the supervision experience, it is the trainee's responsibility to address the discomfort directly with the supervisor.

The Board thanks and acknowledges Rodney Goodyear, Ph.D., Carol Falender, Ph.D., CPA Division II, Mary Lee Nelson, Ph.D., and others who contributed to the development of this document.

## ***Did You Know?***

### **Access to Client Records**

Did you know that psychologists are required to provide clients with access to their therapeutic records? This requirement became effective Jan. 1, 1995, and can be found in Sections 123100-123149 (formerly titled 1795-1795.28), California Health and Safety Code. The law permits any adult patient of a health care provider, any minor patient authorized by law to consent to medical treatment, and any patient representative to inspect and/or receive a copy of their records.

If the health care provider determines there is a substantial risk of significant adverse or detrimental consequences to a patient in seeing or receiving a copy of the mental health records, the provider may decline to permit inspection subject to conditions outlined in Section 123115(b)(1-4), Health and Safety Code. Records may not be withheld for an unpaid bill for health care services. Violation of this law constitutes unprofessional conduct and/or an infraction punishable by a fine of not more than one hundred dollars (\$100). Consult these sections of law for exceptions, exclusions and additional requirements.

### **EPPP Preparation**

If you are preparing to sit for the Examination for Professional Practice in Psychology (EPPP), the Association of State and Provincial Psychology Boards (ASPPB) offers the publication, "Items from Previous Exams." This publication contains 350 items used on past versions of the EPPP, as well as an answer key and general reference list. Included exam items span the dimensions of the content outline and are intended to give candidates for licensure a sense of what EPPP items are like.

Additionally, ASPPB's "Exam Orientation Video" is designed to provide information regarding the EPPP. The 20-minute tape includes historical information on the EPPP and reviews the exam's development, administration and scoring process. The tape also explains the role of the examination in the psychology licensure process in North America.

For information on costs and how to order "Items from Previous Exams" and/or the "Exam Orientation Video," check the ASPPB Web site at [www.asppb.org](http://www.asppb.org).



## ***Diversity Based Psychology ... (Continued from page 1)***

### **Practice Issues**

Multiple relationships. The New Ethics Code Standard 3.05 explicitly states that multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical. While it is the opinion of these authors and Pack-Brown and Williams (2003), that the new Ethics Code's phrasing still has a Western European emphasis toward singularly defined and bounded relationships versus more fluid relationships, multicultural competence is facilitated in this code by recognizing that in particular cultural contexts, closer and more complex involvement in the lives of clients may facilitate appropriate service and protection for the client. Thus, maintaining healthy boundaries in relationships with clients does not inherently require detached objectivity but does require professional judgment and a commitment to the best interest of the client.

For instance, many psychologists in small "communities" have reported the experience of both a social and professional relationship simultaneously when treating a patient from the same or similar background. As such, the intersections of trust, boundaries, and appropriateness for both relationships are dependent on the psychologist's knowledge that multiple relationships are likely as well as on the psychologist's ability to effectively and ethically manage these relationships.

Competence. Another example of the implementation of multicultural competence in the 2002 Ethics Code is evident in the new standard 2.01b that requires sensitivity to the impact of cultural, disability and diversity factors on the competence of a psychologist. According to this standard, psychologists should not provide services when they lack needed knowledge and when scientific or professional knowledge has established that a certain understanding of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective services.

It is evident that the necessary sensitivity required to provide psychological services to diverse populations is grounded in ethical thinking that takes into account multiple world views and identities and requires ongoing education, formal training, and supervised experience (Welfel, 1988).

Assessment. The 2002 Ethics Code also reinforces attention to multicultural competence in the area of assessment, as new standard 9.06 requires psychologists to incorporate in their reports the situational, personal, linguistic, and cultural differences that may influence test scores and interpretations. It is quite evident that appropriate consideration of complexities of different ethnic groups, as well as cultural phenomena affecting performance such as "stereotype threat" (Steele, 1997) must be integrated as standard practice. The shifting of the population served in psychological practice mandates a change away from monocultural techniques of assessment to multicultural procedures.

The Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists (APA, 2003) also provides both a conceptual basis and practical strategies for addressing multiculturalism. The guideline from this document for practice states "*Psychologists strive to apply culturally-appropriate skills in clinical and other applied psychological practices*" (APA, 2003). The essence of this guideline is that multiculturally competent practice involves the application of psychological skills that integrate a focus on the client based on his or her cultural context, using culturally appropriate assessment tools that have a broad range of interventions.

For example, when treating a 72 year old, Filipino American veteran who has become physically disabled due to complications from a stroke, a health psychologist making a culturally competent assessment should minimally evaluate a number of factors including racism, ableism, fluency in English, changes in social status, mobility, multiple identities, generational history, family and "community" resources to gain an understanding about how they relate to the presenting problem, intervention strategies and the best prognosis for treatment.

If the therapeutic goal is to increase compliance with physical therapy and reduce the patient's symptoms of feeling a sense of dread, worry, and irritability; it may be a completely valid intervention to reduce the number of English speaking treatment providers and reduce the time exposure in uncomfortable settings; resulting in a

***(Continued on page 17)***





## ***Diversity Based Psychology ... (Continued from page 16)***

recommendation that in home physical therapy rather than a hospital based treatment plan. Clearly depending on the data generated, multiple recommendations could be valid. The point is that without the assessment of the patient in a cultural context, it would be easy to simply recommend hospital-based physical therapy when in fact the precipitants of the anxiety symptoms may be related to having to relearn behaviors in an environment that produces anxiety due to language difficulties and feelings of powerlessness.

The essence of the guidelines is to provide a mechanism in which previously common practice interventions are reexamined in light of the standards of cultural appropriateness and competence for the 21<sup>st</sup> century. This document and others produced by many multicultural experts have advocated for psychologist involvement in social activist endeavors, particularly those that challenge institutional oppression (Pack-Brown & Williams, 2003). Clearly, the multiculturally competent psychologist needs to expand the therapist role beyond one-on-one individually problem focused treatment and incorporate activities that address changes in the arena of social justice. Nevertheless, how to incorporate anti-racism into everyday practice with all clients is a complex practical and ethical issue. But these Guidelines and Ethics Code make clear that the perpetuation of racism affects the mental health of all in our society and it is an important intervention strategy to address deleterious societal issues.

### **Training Issues**

The recent changes in the APA Ethics Code and the publication of the Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists (May 2003) also have implications for trainers in the field of psychology, providing a clear mandate to enhance students' development of competence in working with a wide range of diversity, including ethnicity, race, socioeconomic class, sexual orientation, gender and religion. Because multicultural competence is complex and multifaceted, trainers are confronted with the arduous task of choosing where to focus energy and attention, and determining effective ways of infusing multiculturalism and diversity into training curriculums and

supervision. The Guidelines provide much needed clarification of the scope and definition of multicultural competence.

Broadly defined, multicultural competence involves the dimensions of 1) awareness of one's own attitudes and beliefs, 2) knowledge about cultural differences and 3) skills in working with diverse groups (Sue, et.al., 1982; Sue, Arredondo, & McDavis, 1992). Effective and ethical work with diverse individuals and groups requires that psychologists pay attention to and develop skills in each of these fundamental areas. The ultimate goal for psychologists involved in training is to increase these skills for students and interns who work with diverse clients. At a minimum, this involves enhancing trainees' abilities to recognize cultural dimensions of clinical work, including world view differences and the effects of racism and oppression, increasing their abilities to deal with clients with flexibility and cultural sensitivity, and increasing their abilities to understand their own reactions, assumptions and biases.

Awareness. Guideline #1 addresses, multicultural awareness and states, "*Psychologists are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves.*" Multicultural awareness is a critical step in the process of training of new psychologists, and involves an awareness of the values, assumptions and biases that are rooted in the trainee's culture, heritage, experiences (e.g., of oppression or privilege) and social and political environment. It involves helping trainees to become aware of how their own cultural backgrounds have influenced their attitudes, stereotypes, preconceived notions and behavior. In order to develop this awareness, training staff and trainees must have an attitude of openness, non-defensiveness and curiosity. Trainees and trainers must work actively to increase both self-knowledge as well as comfort in dealing with differences. Training staff members must work to create an atmosphere of safety where trainees can explore these sensitive issues and can be appropriately vulnerable. Trainers and trainees must

*(Continued on page 18)*



## ***Diversity Based Psychology ... (Continued from page 17)***

challenge themselves to take risks, to deal with conflict and to embrace differences.

**Knowledge.** Guideline #2 emphasizes the need to acquire multicultural knowledge and understanding. Guideline #2 states, “*Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness, knowledge, and understanding about ethnically and racially different individuals.*” Multicultural knowledge involves learning and seeking information about the cultures, world-views and experiences of different groups of people. Psychologists must have knowledge about the heritage, history, family structure, values, and beliefs of diverse groups. Psychologists must also have accurate information about institutional barriers, sociopolitical contexts, oppression and discrimination (Sodowsky, Kuo-Jackson, & Loya, 1997). As trainers, psychologists must be committed to keeping abreast of current research, literature and world/current events and issues. Trainers have the responsibility to nurture and encourage trainees to seek this knowledge and to maintain curiosity and an “attitude of wonder”. This “attitude of wonder” suggests a continual quest for information and knowledge and the ability to ask appropriate and meaningful questions.

**Skills.** Guideline #5 states, “*Psychologists strive to apply culturally-appropriate skills in clinical and other applied psychological practices.*” In order to develop multicultural counseling skills, psychologists must use their self-awareness as well as their knowledge of specific cultures to develop culturally sensitive and appropriate interpersonal behaviors and interventions. As trainers, psychologists must develop and model a wide-ranging repertoire of behaviors and skills that are flexible and appropriate for clients from diverse groups. Training psychologists must also model flexibility in utilizing both traditional and nontraditional assessment and intervention techniques. The development of trainees’ skills in working with diverse clients involves enhancing their ability to recognize cultural issues, increasing their abilities to deal with clients in ways that are flexible and sensitive, and increasing their abilities to deal with their own reactions to clients. The bridge to the development of these skills is cultural self-exploration and awareness. According to Sue,

Ivey, & Pederson (1996), as psychologists become more aware of their own biases, values, assumptions and stereotypes, and increase their self-understanding, they are less likely to project their own cultural values onto clients, and become more effective in their work.

**Institution.** Thus far, this discussion has focused on content areas for the training of multiculturally competent psychologists. It is also important to consider the institutional context in which such training occurs. Guideline #3 states, “*As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education.*” It is imperative that trainers pay attention to how the organizational context of the training institution or program may overtly or covertly influence the training experience, and facilitate, or not, the development of multicultural skills. An environment that effectively supports the development of multicultural competence is one in which aspects of multiculturalism are infused into all areas of training and service delivery. For example, discussions of multicultural issues are not limited to one seminar, but are included and considered in every aspect of the agency’s functioning. Within the institution, there must be permission to hold differing perspectives, values and world-views. The institution or training program must also create the space for respectful conversations about those differences. The creation of an atmosphere of safety is critical for trainees to explore, develop and become competent in multicultural skills.

### **The Many Facets of Diversity**

Although the purpose of this article is to highlight the two recent additions to the psychology lexicon, it would be unfortunate not to acknowledge what all psychologists know: that diversity comes in many forms. For instance APA (2000) developed Guidelines for Psychotherapy with Lesbian, Gay and Bisexual (LGB) Clients. These guidelines explore a) attitudes toward homosexuality and bisexuality, b) gay relationships and families, c) issues of diversity related to homosexuality, and d) educational issues. Clearly it is important for psychologists to not only develop skills to assess and treat LGB people,

***(Continued on page 19)***



## ***Diversity Based Psychology ... (Continued from page 18)***

psychologists must also understand their attitudes and values related to LGB individuals and LGB relationships.

In all of their assessments and treatment, psychologists should take into account the many facets of diversity including ableism, ageism, religion, socio-economic status, as well as the factors discussed above, culture, ethnicity and sexual orientation. Regardless of the client's diversity, it is important for psychologists to create a sense of safety for their patients.

### **In Summary**

The Ethics Code, the Multicultural Guidelines and all guidelines for the treatment of diverse populations have implications for psychologists who are practitioners and trainers. Clearly as psychologists we understand that the interests of our patients, clients and trainees are paramount. These interests are best served through the development of competency in diversity and the resulting safety that occurs in both the practice of and training in psychology.

But what is safety in the context of diversity? We have alluded to a number of important factors: a) understanding our personal reactions, b) understanding others' worldview and experiences, c) setting contextually appropriate boundaries, d) understanding the limits of our competency, e) knowing and using appropriate assessment and intervention techniques, and f) appropriate environmental surroundings.

Pope (1993) described a number of factors that influence a sense of safety for trainees, but these factors also appear essential to the development of a safe, multicultural environment. They overlap with the comments above, but are well worth repeating: a) understanding the task at hand whether it be therapy or supervision; b) respect for the other; c) openness to receive information; d) encouragement to explore the essential issues at hand; e) maintaining an appropriate boundary of privacy, thus not exploring where there is no contract to explore; f) acceptance of the other; g) sensitivity and empathy for other's experiences; h) frank, clear communication; and i) supportive attitude.

Psychologists should take steps to build safe diverse training and practice environments. The welcoming

atmosphere created will facilitate the personal exploration by both trainees and clients.

It is important to note that specifically stated in the Multicultural Guidelines and evident in the revision of the Ethics Code, is the notion that these "living documents" expire as knowledge bases expand, empirical evidence confirms, demographics shift, and hopefully, the practice of psychology and society itself, evolves.

We hope this paper will help psychologists enhance their understanding of the road to and need for the knowledge, skills and attitudes affirmative of diversity. Diversity based psychology will provide more effective training for students and interns and increasingly helpful treatment for clients. Our profession requires no less, as the public we serve will benefit from competent diversity based psychological services.

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### **References**

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- Pope, K., Sonne, J., & Holroyd, J. (1993) Sexual Feelings in Psychotherapy. American Psychological Association: Washington, D.C.

***(Continued on page 20)***



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All licensees are responsible for keeping the board informed of his or her current address.

### ***Did You Know?***

## ***Diversity Based Psychology ...***

*(Continued from page 19)*


Sodowsky, G. R., Kuo-Jackson, P., & Loya, G. (1997). Outcome of training in the philosophy of assessment: Multicultural counseling competencies. In D. B. Pope-Davis & H. L. K. Coleman (Eds.), *Multicultural counseling competencies: Assessment education and training, and supervision*. Thousand Oaks, CA: Sage.

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## ***HMO Consumer Complaint Hotline: 1-800-400-0815***

In the interest of consumer protection, the Board of Psychology enthusiastically supports the Consumer Complaint Hotline of the Department of Corporations.

The Board encourages all licensees and registrants to post the

hotline number in their offices so that HMO patients are aware of the recourse they may have in dealing with their managed care insurance carrier.

A formal complaint may be filed with the Department of Corporations after a patient has attempted all available remedies within the HMO

grievance system. HMO personnel who are licensed psychologists must adhere to all ethical principles applicable to the profession, as well as all laws relating to psychology licensure.





## ***Disciplinary Actions***

NOVEMBER 1, 2002 — SEPTEMBER 30, 2003

### ***Notice:***

**The following decisions become operative on the effective date except in situations where the licensee obtains a court-ordered stay. This may occur after the preparation of this newsletter. For updated information on stay orders and appeals you may telephone (916) 263-2691 and speak to the Board's Enforcement Analyst.**

**To order copies of these decisions and other documents, send your written request by mail or e-mail the Board at [bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov). Include the name and license number of the licensee and send to the attention of the Enforcement Program at the Board's offices in Sacramento. Please note that there may be a minimal copying charge for these documents.**

**Kelley, Wayne C.  
Los Angeles, CA**

B&P Code §§ 475(a)(2), 480 (a)(1), 493, 2960(a), 2963. Conviction of a crime which is substantially related to the qualifications, functions and duties of a psychologist or psychological assistant. Decision effective November 21, 2002. Application for registration denied.

**Radin, Jessica A., Ph.D. (PSY 11845)  
Petaluma, CA**

B&P Code §2960. Unprofessional conduct. Stipulated Decision effective November 29, 2002. License revoked, stayed, 3 years probation.

**Weldon, Elaine Joyce, Ph.D. (PSY 8956)  
Santa Barbara, CA**

B&P Code §§ 2960(a)(b)(j). Conviction of a crime substantially related to the practice of psychology. Use of a controlled substance or alcohol in a dangerous manner. Gross negligence in the practice of psychology. Stipulated Decision effective January 1, 2003. License revoked, stayed, 5 years probation.

**Wickram, Ian, Ph.D. (PSY 15096)  
Tracy, CA**

B&P Code §§729, 2960(a)(o). Sexual exploitation. Conviction of a crime substantially related to the practice of psychology. Act of sexual relations with a patient or sexual misconduct which is substantially related to the qualifications, functions or duties of a psychologist. Default Decision effective January 17, 2003. License revoked.

**Wallace, Orlin Jack Wesley, Ph.D. (PSY 11895)  
El Granada, CA**

Stipulated Decision effective February 8, 2003. License surrendered.

**Barbara Schave, Ph.D. (PSB 12896)  
Beverly Hills, CA**

Stipulated Decision effective February 16, 2003. Psychological Assistant Registration surrendered. Application for licensure denied.

**Renfeldt, Steven V., Ph.D. (PSY 11256)  
Riverside, CA**

License reinstated on February 26, 2003. Denied, stayed, 5 years' probation. Must pass Jurisprudence exam before practice can begin.

**Jesse, Rosalie, Ph.D. (PSY 6207)  
El Cajon, CA**

B&P Code §§ 820, 2960(h)(r). Mental Illness. Violation of confidentiality. Repeated negligent acts. Default Decision effective February 27, 2003. License revoked.

*(Continued on page 22)*



## ***Disciplinary Actions ...***

*(Continued from page 22)*

**Scorse, David M.**

**La Puente, CA**

B&P Code §§ 475(a)(3)(4), 480(a)(2)(3), 2960(n). Commission of any act involving dishonesty, fraud or deceit with the intent to substantially benefit himself or another, or substantially injure another. Commission of any act which, if done by a licensee of the business or profession in question, would be grounds for suspension or revocation of license. Dishonest, corrupt or fraudulent act. Decision effective March 12, 2003. Application for Registration as a Psychological Assistant denied.

**Giordano, Arlene Sondra, Ph.D. (PSY 9078)**

**Sonora, CA**

B&P Code §§ 2960(I)(k). Unprofessional conduct. Stipulated Decision effective March 12, 2003. License revoked, stayed, 3 years probation.

**Tye-Balter, Jane, Ph.D. (PSB 29813)**

**Orange, CA**

B&P Code §§ 822, 2960.5. Mental Illness. Decision effective January 12, 2003. Must pass psychological evaluation before registration is granted. Psychological evaluation passed February 20, 2003. Registration issued March 3, 2003. Registration revoked, stayed, 5 years probation.

**Arden, Jeffrey, Ph.D. (PSY 9687)**

**West Covina, CA**

No admission to charges of B&P Code §§ 2936, 2960(h)(j)(p)(r). Violating the rules of ethical conduct. Violation of confidentiality. Gross negligence in the practice of psychology. Functioning outside field(s) of competence. Repeated negligent acts. Violation of probation. Stipulated Decision effective March 30, 2003. License revoked, stayed, current probation is extended for two (2) years from April 1, 2002.

## **Explanation of Disciplinary Language**

**Revoked** — *The license is canceled, voided, annulled, rescinded. The right to practice is ended.*

**Revoked, stayed, probation** — *“Stayed” means the revocation is postponed, put off. Professional practice may continue so long as the licensee complies with specific probationary terms and conditions. Violation of probation may result in the revocation that was postponed.*

**Suspension** — *The licensee is prohibited from practicing for a specific period of time.*

**Gross negligence** — *An extreme departure from the standard of practice.*

**Default decision** — *Licensee fails to respond to Accusation by filing a Notice of Defense or fails to appear at administrative hearing.*

**License surrender** — *While charges are still pending, the licensee turns in the license — subject to acceptance by the board. The right to practice is ended.*

**Effective decision date** — *The date the disciplinary decision goes into operation.*

**Newman, Audrey Lenore, Ph.D. (PSY 10985)**  
**Cypress, CA**

No admission to charges of B&P Code §§ 2960 (p)(r). Functioning outside field(s) of competence. Repeated negligent acts. Stipulated Decision effective April 2, 2003. License revoked, stayed, 3 years probation.

**Cornell, Christopher, Psy.D. (PSY 17894)**  
**Los Angeles, CA**

Petition for Termination of Probation granted. Probation terminated March 6, 2003.

*(Continued on page 23)*



## ***Disciplinary Actions ...***

*(Continued from page 22)*

**Fraga, Michael, Psy.D. (PSY 17169)  
Los Angeles, CA**

Petition for Termination of Probation granted. Probation terminated March 7, 2003.

**Koutchesfahani, Sam,  
San Diego, CA**

B&P Code §§ 2960(a), 480(a). Conviction of a crime substantially related to the practice of psychology. Decision Effective April 20, 2003. Application for registration as a psychological assistant denied.

**Lubell, Aimee, Ph.D. (PSY 14098)  
Rocklin, CA**

Letter of Public Reprimand issued June 20, 2002. Accusation Dismissed March 25, 2003.

**Casey, Simon Andrew, (PSB 29866)  
San Clemente, CA**

B&P Code §§ 2903, 2960(a)(k), 480(a)(1). Unlicensed practice of psychology. Conviction of a crime substantially related to the practice of psychology. Stipulated Decision effective May 10, 2003. Application for registration as a Registered Psychological Assistant granted, revoked, stayed, 3 years probation.

**McGann, Jon D., Ph.D. (PSY 16706)  
San Diego, CA**

B&P Code § 2690(m). Disciplinary action by another state against a license or registration. Default Decision effective May 24, 2003. License revoked.

**Urenda, Eduardo (PSB 26364)  
Chatsworth, CA**

B&P Code §§ 2903, 2960(c),(k),(n),(p),(r). Fraudulently or neglectfully misrepresenting the type or status of license or registration actually held. Dishonest, corrupt or fraudulent act. Functioning outside the field of competence. Repeated negligent acts. Stipulated Decision effective May 29, 2003. Registration revoked, stayed, 3 years probation.

**Bonura, James, Ph.D. (PSY 4351)  
Arcadia, CA**

B&P Code §§ 2960 (j)(r). Gross negligence in the practice of psychology. Repeated negligent acts. Decision effective June 21, 2003. License revoked, stayed, 5 years probation.

**DeLoye, Gerald J., Ph.D. (PSY 14053)  
Eau Claire, WI**

Stipulated Decision effective July 4, 2003. License surrendered.

**Ryan, Kenneth J., Ph.D. (PSY 7646)  
San Diego, CA**

B&P Code § 2960(r). Repeated negligent acts. Decision effective August 1, 2003. Letter of Reprimand.

**Diamond, Mark D., Ph.D. (PSY 8771)  
Temecula, CA**

B&P Code §§ 2960(h)(j). Violation of confidentiality. Gross Negligence in the practice of psychology. Decision effective August 7, 2003. License revoked, stayed, 3 years probation.

**Jay, Peter, Ph.D. (PSY 13216)  
Long Beach, CA**

B&P Code § 2960(j). Gross negligence in the practice of psychology. Decision effective September 25, 2003. License revoked, stayed, 3 years probation.

**Collins, Michael John (PSB 30190)  
Manhattan Beach, CA**

B&P Code §§ 2960(a), 2963, 475(a)(2)(4). Conviction of a crime substantially related to the practice of psychology. Decision effective September 17, 2003. Psychological assistant registration granted, revoked, stayed, 3 years probation.

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